



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER

TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 3440.1B

Code 0404

19 June 1997

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 3440.1B

From: Commanding Officer

Subj: DISASTER PREPAREDNESS PLAN

Ref: (a) CCO 3440.1C
(b) NAVHOSP29PALMSINST 5720.1C
(c) 1996 North American Emergency Response Guidebook
(d) OPNAVINST 3440.16B
(e) NAVMEDCOMINST 3440.4
(f) NAVHOSP29PALMSINST 3440.2B
(g) Joint Commission On Accreditation Of HealthCare Organizations (JCAHO), 1997 Hospital Accreditation Standards
(h) NAVHOSP29PALMSINST 5100.1C
(i) NAVHOSP29PALMSINST 4110.1A
(j) NAVY NAVMED P-5041 OPNAVINST 5420.27H
(k) NAVHOSP29PALMSINST 1601.1A
(l) Emergency And Operational Actions Summary
(m) NAVHOSP29PALMSINST 3750.1

Encl: (1) Disaster Preparedness Plan

1. Purpose. To promulgate a set of instructions to be instituted by Naval Hospital Twentynine Palms personnel in the event of an internal, external, or mass casualty situation, per references (a) through (m). All possible scenarios cannot be foreseen; therefore, these instructions are meant to provide a guide. During actual disaster, these instructions should be implemented initially to respond to the situation and modified as necessary to provide optimum care. This instruction has been substantially revised and should be reviewed in its entirety.

2. Cancellation. NAVHOSP29PALMSINST 3440.1A.

3. Background

a. Reference (a) establishes guidelines for response to emergencies aboard MCAGCC or in support of requests for civilian assistance in the immediate Southern California area. Reference (b) establishes procedures for the public affairs program for Naval Hospital Twentynine Palms. Reference (c) is a guide to aid first responders in quickly identifying the hazards of material involved in an incident. Reference (d) assists civil authorities in situation that exceeds their capability. Reference (e) and (f) set forth requirements for local disaster plan and recall. Reference (g) requires the facility to have a written Disaster Preparedness Plan to handle emergent/mass casualty situations. Reference (h) sets forth the Command's Safety Policy and to

enhance operational readiness. Reference (i) provides guidance for recognition and treatment of chemical agent casualties. Reference (k) provides guidance to all watchstanders. Reference (l) provides a quick reference to many aspects of the Disaster Plan. Reference (m) provides guidance to aircraft accident procedures.

4. Policy. Naval Hospital Twentynine Palms will have a disaster plan in writing to meet the requirements of references (a), (e) and (g). This plan will be exercised at least twice a year, at least four months apart, with written recommendations for improvement. These recommendations will be incorporated into the annual review/update of the disaster plan.

5. Composition. The Disaster Preparedness Committee shall be chaired by the Disaster Preparedness Officer, who is appointed by the Commanding Officer. Membership consists of representatives from the following areas:

- a. Nursing Services Directorate
- b. Administrative Services Directorate
- c. Medical Services Directorate
- d. Surgical Services Directorate
- e. Ancillary Services Directorate
- f. 23rd Dental Clinic
- g. Patient Administration Department
- h. Material Management Department
- i. Facilities Management Department
- j. Operating Management Department
- k. Emergency Medicine Department

6. Action

a. The Commanding Officer, or official representative, initiates activation of the Disaster Plan. In an emergency, the Command Duty Officer (CDO) or Officer of the Day (OOD) may implement the Disaster Plan and oversee operations until properly relieved. The Commanding Officer (CO) or official representative will secure the plan when appropriate.

b. Upon notification of a disaster of any type, the person receiving the information notifies the Information Desk (extension 2190). The OOD attempts to verify and then notifies:

- (1) Commanding Officer (CO)
- (2) Executive Officer (XO)
- (3) Director for Administration (DFA)
- (4) Command Duty Officer (CDO)

Additional notification or recall of personnel and Directors is made at the direction of the CO, XO, or CDO. CDO, OOD, and Mate of the Day (MOD) Watchstanders must become familiar with this instruction.

c. All Directors and Department Heads will:

(1) Ensure all assigned staff receive initial orientation and at least annual training to remain knowledgeable of the current plan. Newly reporting personnel receive basic training in departmental responsibilities as soon as possible after assignment. Annual training includes:

- (a) Review of recall procedures.
- (b) Review of the Disaster Preparedness Plan, with emphasis on personal and specific departmental responsibilities.
- (c) Review and update of departmental recall bills monthly.
- (d) All internal requests during a disaster/drill will be made through the ECC at extension 2606 or 2411. If phone lines are busy or not available, requests will be made via hand held radios, cell phones, or runners.

d. Head, Education and Training Department will ensure:

- (1) All newly reporting staff receive basic instruction in disaster preparedness as part of indoctrination training. Documentation is retained in the Education and Training Department SPMS.
- (2) Earthquake Preparedness education is provided to all newly reporting staff.
- (3) All staff receive BLS training.
- (4) Serve as an Educational Consultant in preparing training necessary for areas of improvement noted from drills.

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e. The Chairman of the Disaster Preparedness Committee will:

(1) Be assigned by the CO and will make periodic written reports to the CO regarding the hospitals readiness to respond to a disaster.

(2) Meet with the Disaster Preparedness Committee, at least quarterly, to ensure the provisions of the instruction are met.

(3) Review and update the Disaster Plan at least annually.

(4) Schedule, plan, carry out, critique, and follow-up command wide disaster preparedness drills twice a year, at least four months apart.

(5) Assure representation of the Command in disaster preparedness planning meetings held by MCAGCC and local civil authorities.

7. Applicability. This instruction is applicable to all personnel aboard Naval Hospital, Twentynine Palms, California.



R. S. KAYLER

Distribution:
List A



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MARINE CORPS AIR GROUND COMBAT CENTER

TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 3440.1B CH-1

Code 0404

14 Jan 00

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 3440.1B CHANGE
TRANSMITTAL 1

From: Commanding Officer

Subj: DISASTER PREPAREDNESS PLAN

Encl: (1) Revised pages

1. Purpose. To transmit new enclosures to the basic instruction.
2. Action. Remove present pages 18-1 and 18-2 to the basic instruction and replace with the corresponding pages contained enclosures (1) of this change.
3. Filing. This change transmittal will be filed immediately following the signature page of the basic instruction.

A handwritten signature in cursive script, appearing to read "J. M. Huber", is located below the list of instructions.

J. M. HUBER

Distribution:
List A

NAVHOSP29PALMSINST 3440.1B
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DISASTER
PREPAREDNESS
PLAN

Enclosure(1)

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LIST OF APPENDIXES

- Appendix A Disaster Information Sheet, NAVHOSP29PALMS Form
3440/01 (Rev. 2/94)
- Appendix B Mass Casualty Patient Flow Chart
- Appendix C Disaster Patient Tracking Log, NAVHOSP29PALMS Form
3440/02 (Rev. 12/96)
- Appendix D Radio Nets and Function
- Appendix E Combat Center Frequencies
- Appendix F Bomb Threat Call Checklist, NAVHOSP29PALMS Form
3440/03 (Rev. 2/94)
- Appendix G Fire Zone Maps of Naval Hospital Twentynine Palms
Upper deck
Lower deck
Ground level

Chapter 1

DISASTER PREPAREDNESS PLAN

1. Purpose. To establish procedures which will enable this hospital to respond to disasters rapidly and effectively. Since the needs in all disasters are uniquely different, the response to disasters may require different management approaches.

2. Introduction. There is a continuing threat of disaster which may be precipitated by forces of nature or man. This disaster plan details responses to multiple emergency situations which could occur at MCAGCC.

3. Background. The Disaster Preparedness Plan is based on the following assumptions:

a. A disaster may cause destruction to hospital facilities and interrupt routine medical services.

b. Large numbers of casualties may require medical treatment in a short period of time.

c. Recovery measures may need to be instituted.

d. The Disaster Preparedness Plan may be activated simultaneously with other emergency response plans.

e. Warnings may or may not precede a disaster and a warning device or system at any given time may fail to properly function.

4. Policy. The primary mission of this Command, upon activation of the Disaster Preparedness Plan will be to initiate and maintain emergency and operational measures to accomplish the following:

a. Continuation of the Command mission.

(1) Assisting in retrieving casualties.

(2) Receipt and medical management of casualties.

(3) Continuing medical treatment of hospitalized patients.

b. Assisting other federal agencies.

(1) Medical support to MCAGCC disaster recovery operations as specified in reference (a).

(2) Assistance to other agencies upon request and as resources permit.

(3) Provide medical and logistic support to other military commands as required.

c. Assistance to civilian authorities within the Morongo Basin as necessary, as resources permit, and when directed by the Commanding General (CG), MCAGCC.

5. Categories of Disaster Management and Planning

a. Mitigation. Actions that reduce the degree of long term risk to human life and property from natural and man-made disasters.

b. Preparedness. Actions that develop operational capabilities for responding to an emergency.

c. Response. Actions taken immediately before and during, or directly after the disaster that save lives, minimize property damage, or improve recovery.

d. Recovery. Actions that restore vital life support systems to minimum operating conditions or return community life to normal operations.

6. Action

a. Commanding Officer, Executive Officer, or in their absence, the Command Duty Officer (CDO), or the (OOD) shall have the sole responsibility and authority to order activation of the Command Disaster Preparedness Plan. Appropriate chapters of this plan provide specific guidance in activating the Disaster Preparedness Plan.

b. Head, Materials Management; Head, Personnel Management; and Head, Fiscal Department shall:

(1) Provide logistical support for all categories of disaster management and planning through routine procurement sources.

(2) Develop procedural guidelines for alternate resources in the event of disruption of normal sources.

c. The Command shall:

(1) Participate in all MCAGCC, Emergency Operations Center (EOC) activations.

(a) The EOC gives the CG, MCAGCC the ability to rapidly coordinate all of the assets of the Combat Center and resident commands in any situation.

(b) The decision to activate the EOC rests with the Chief of Staff, MCAGCC.

(c) The purpose of the EOC is to provide a means for the CG, MCAGCC to exercise Command and Control during emergencies.

(2) Request additional supplies, manpower and equipment through the EOC.

(3) Request Fleet Marine Force medical personnel from the EOC, if necessary.

d. Disaster Preparedness Officer shall be an active member of the Morongo Basin Disaster Committee. Annual community disaster drills are planned and coordinated with community representatives.

Chapter 2

DESIGNATED RESPONSIBILITIES

1. Purpose. To educate and coordinate all assets of this Command in a concentrated effort to minimize damage and continue to support the command mission.

2. Action

a. Commanding Officer shall:

(1) Activate sections of the Disaster Preparedness Plan as the situation dictates.

(2) Support the MCAGCC Emergency Preparedness Plan, per reference (a).

(3) Request that Commanding Officer, 23rd Dental Company activate the 23rd Dental Company Disaster Plan to support the Naval Hospital with resources as dictated by the situation.

(4) Request the Duty Chaplain to minister to the spiritual and emotional needs of the injured, their families and friends.

b. Executive Officer shall:

(1) Activate Naval Hospital, Twentynine Palms Emergency Command Center (ECC) when directed by the Commanding Officer.

(2) Function as the ECC Coordinator. Refer to the EMS Coordinator Worksheet.

(3) Prepare and submit to the Commanding Officer the initial assessment of the local situation.

(4) Correlate the data contained in subsequent status reports and keep the Commanding Officer advised of the situation.

(5) Prepare and submit OPREP-3, Navy Blue or Unit SITREP reports as required.

c. Director for Administration shall:

(1) Coordinate all administrative and management support services in support of the Disaster Preparedness Plan.

(2) Coordinate the evacuation and transfer of patients to local medical facilities.

d. Director, Nursing Services shall coordinate all nursing matters in support of the Disaster Preparedness Plan.

e. Director, Medical Services shall coordinate medical assets in support of the Disaster Preparedness Plan.

f. Director, Surgical Services shall coordinate surgical assets in support of the Disaster Preparedness Plan.

g. Director, Ancillary Services shall assure all ancillary services (Lab, Pharmacy, Radiology) are adequately manned.

h. Command Master Chief shall assure all enlisted personnel are utilized to their best potential.

i. Disaster Preparedness Officer shall:

(1) Report to the Executive Officer.

(2) Act as the primary hospital representative for the ECC. Additional representative will report to the MCAGCC EOC if stood up.

(3) Represent the Naval Hospital in community-wide disaster activities.

j. Head, Emergency Medicine Department shall:

(1) Be responsible for providing services related to the management of casualties. Refer to the Treatment Officer Worksheet.

(2) Advise the Disaster Preparedness Officer on material and personnel requirements.

k. Head, Occupational/ Environmental Health Department shall advise and institute actions necessary to safeguard patients and staff in disasters.

l. Head, Education and Training Department shall include a Disaster Preparedness Brief in the Command Indoctrination for all newly reporting personnel and during annual training.

m. Additional Officers are assigned as personnel report aboard and given responsibilities until relieved by higher authority as necessary. Refer to the accompanying worksheets for responsibilities for the following and an idea of responsibility:

- EMS Commander
- Triage Officer
- Treatment Officer
- Transportation Officer

3. EMS Commander shall:

- _____ Confirm Mass Casualty Incident Exists
- _____ Make Rapid Assessment of Incident
- _____ Activate Recall per CO Instruction
- _____ Establish & appropriately identify Command Post
- _____ Request Additional Assistance, IE. Dental Command
- _____ Don EMS Coordinator Vest/Hat
- _____ Have Command Post make initial notification to appropriate area hospitals concerning existence of a Mass Casualty Incident. Transportation Officer will directly communicate specific information to hospitals as incident progresses
- _____ Assign Sector Officers and distribute corresponding officer checklists
 - _____ Triage Officer
 - _____ Treatment Officer
 - _____ Transportation Officer
- _____ Utilize Tactical Command Board to determine and track resources.
- _____ Coordinate all resources through the Command Center at X 2606/2411
 - _____ Appoint PAO
 - _____ Act as liaison with other sector officers

- _____ Assign and Reassign Personnel as necessary
- _____ Reevaluate need for additional units and equipment.

4. Triage Officer shall:

- _____ Obtain briefing from EMS Commander
- _____ Don Triage Officer Vest and review checklist
- _____ Determine personnel and equipment needs and report to Command Center at X2606/2411
- _____ Coordinate personnel in Triage Area
- _____ Set up Triage/receiving area
- _____ Distribute Patient Triage Folders
- _____ Begin Triage procedures
- _____ Advise Treatment Officer of approximate number of patients as soon as possible
- _____ Coordinate transfer of patients by priority to appropriate treatment section
- _____ Request personnel and equipment as needed to transfer patients to treatment sectors through the Command Center at X 2606/2411
- _____ Advise EMS Commander when initial triage is complete
- _____ Begin relieving or reducing staff as necessary
- _____ Report to EMS Commander for reassignment upon completion of tasks.

5. Treatment Officer shall:

- _____ Obtain briefing from EMS Commander.
- _____ Don Treatment Officer Vest.
- _____ Determine equipment and personnel needs for treatment area and request needs through the Command Center at 2606/2411.
- _____ Coordinate personnel assigned in treatment area.

_____ Review priority system for categorizing patients for treatment areas with personnel in treatment area for consistency.

_____ Treatment Officer should not become involved in physical tasks.

_____ Assign personnel to treatment areas based on medical capabilities.

_____ Re-triage patients upon arrival at treatment area.

_____ Ensure patients are logged through the Patient Tracker System.

_____ Advise Transportation Officer when patients are ready for transfer to other facilities. Evacuate patients by priority.

_____ Begin relieving or reducing staff as necessary.

_____ Report to EMS Commander for reassignment upon completion of tasks.

6. Transportation Officer (ONLY PERSON TO COMMUNICATE WITH HOSPITALS or with DFA) shall:

_____ Obtain briefing from EMS Commander

_____ Don command vest and review checklist.

_____ Determine equipment and personnel needs in arranging transportation, and request necessary personnel.

_____ Coordinate personnel assigned to transportation officer.

_____ Provide and coordinate patient transfers to other facilities.

_____ Communicate with area hospitals. Refer to phone list in Chapter 8. Be specific and brief:

- Relay information concerning incident to hospitals as needed.

- Ascertain each hospital's capabilities and number of specialty beds available.

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_____ - Inform hospitals of number of patients to expect and their conditions.

_____ Begin filling out Hospital Capability and patient tally sheet.

_____ Consult with Center Fire for Air Support landing of incoming helicopters.

_____ Request ambulances as needed to transport patients to helo pad as necessary.

_____ Maintain HOSPITAL TRANSPORTATION LOG through the Patient Trackers. This will allow family to find location of patient in the future.

_____ Fill out transportation card, so ambulances know where they are taking the patients.

_____ Advise receiving hospital of: Name of unit responding, Number of patients in unit, Brief description of patients by triage category and/or injuries, ETA of unit.

_____ Update HOSPITAL CAPABILITY AND PATIENT TALLY SHEET as patients are transported. Complete totals at conclusion of incident.

_____ Begin relieving or reducing staff as necessary.

_____ Advise hospitals and EMS Commander when last patient is transported.

_____ Report to EMS Commander for reassignment upon completion of tasks.

Chapter 3

COMMAND ALERT PROCEDURES

1. Alert Conditions. The following alert conditions are prescribed for use with reference (a) except for destructive weather conditions which are listed in Chapter 16 of this manual.

a. Alert Condition Four. Condition normal.

b. Alert Condition Three.

(1) An emergency condition is anticipated to occur that may affect the Combat Center.

(2) Three hours or more notification.

c. Alert Condition Two.

(1) An emergency condition exists that affects the Combat Center or the probability of a condition occurring is sufficient to warrant action.

(2) Two hours or less notification.

d. Alert Condition One.

(1) An emergency condition exists requiring assistance by the Combat Center and/or the Naval Hospital.

(2) One hour or less notification.

2. Action

a. Commanding Officer, Executive Officer, or in their absence the CDO or the OOD shall:

(1) Exercise overall command of the disaster control operation.

(2) Brief all Directors and the Disaster Preparedness Officer regarding the anticipated casualties.

(3) Direct the following PA announcement to be made twice at ten second intervals:

"ATTENTION PLEASE, THIS IS/IS NOT A DRILL (as applicable), THE _____ SECTION OF THE HOSPITAL'S DISASTER PREPAREDNESS PLAN HAS BEEN ACTIVATED."

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(4) Further direct the following PA announcement to be made twice at ten second intervals (not to be announced during a drill):

"ATTENTION PLEASE, THE HOSPITAL DISASTER PREPAREDNESS PLAN IS NOW IN EFFECT. ALL VISITORS AND OUTPATIENTS IN THE HOSPITAL FOR NON-EMERGENCY TREATMENT ARE REQUESTED TO LEAVE THE HOSPITAL IMMEDIATELY."

b. Emergency Command Center (ECC) shall:

(1) Be staffed as below:

(a) Commanding Officer

(b) Executive Officer (shall exercise direct coordination of the ECC)

(c) Director, Nursing Services

(d) Director for Administration

(e) One messenger

(f) One patient tracker

(g) If available, the Commanding Officer, 23rd Dental Company.

(2) Be established in the Command Conference Room. The alternate ECC will be Classroom 1 & 2. If the facility is damaged causing relocation, this team will assemble accordingly.

(3) Direct the use of personnel, facilities, and communications during the period of disaster and recovery.

(4) Maintain liaison with military and civilian organizations.

(5) Coordinate bed space availability.

(6) Coordinate communications and messenger services.

(7) Maintain statistics and generate required reports.

(8) Coordinate all internal resources and allocate upon request.

c. Ward Medical Officer, or after working hours, the Medical Officer of the Day shall evaluate all hospitalized

inpatients and discharge all patients whose conditions permit in order to open hospital beds.

d. OOD shall activate the Command Personnel Recall when directed by the Commanding Officer.

e. ECC Patient Tracker shall:

(a) Be a Patient Administration Officer or designee.

(b) Be responsible for tracking all patient movements during a mass casualty situation.

(c) Maintain continuous contact with patient trackers located at triage receiving, minor treatment area, immediate treatment area, delayed treatment area, and the expectant treatment area.

f. Anyone who receives a warning or notice that a disaster has occurred which may result in the receipt of mass casualties shall:

(1) Attempt to obtain all possible vital information such as:

(a) Individual or agency giving the warning, their telephone number, location, and source of information.

(b) What produced the casualties (ie fire, accident, enemy attack etc.).

(c) Approximate number of casualties, their method of arrival, and estimated time of arrival.

(d) The Disaster Information Sheet, NAVHOSP29PALMS Form 3440/01 (Rev. 2/94), Appendix A, details data collection procedures.

(2) Promptly notify the Commanding Officer. After hours the Officer of the Day will be notified.

Chapter 4

DISASTER RECALL AND MANPOWER

1. Purpose. To establish procedures for the recall of staff personnel in the event of a disaster.

2. Background. In the event of a disaster it is paramount that a detailed recall system be in place for personnel to muster, to account for missing personnel, and to assign duties for disaster preparation and emergency contingencies. All processes discussed and responsibilities must be applicable during or after normal working hours.

3. Action

a. Commanding Officer shall direct the OOD to activate the Command Personnel Recall System.

b. OOD shall:

(1) Activate the Command Personnel Recall when directed by the Commanding Officer, per reference (I).

(2) Ensure duty crew members assigned a recall listing annotate the following:

(a) When the call was made.

(b) Who was contacted ie., member, spouse, etc.

(c) Annotate N/A if no answer/person was reached. Answering machines are considered N/A.

(d) Annotate if number is incorrect.

(3) Collect each completed recall roster from the duty crew.

(a) Tally the total number of personnel contacted.

(b) Supply this list to the ECC.

(c) Complete the Emergency Recall System report in NAVHOSP29PALMINST 3440.2B.

(4) Notify the Commanding Officer, 23rd Dental Company that Disaster Preparedness Plan has been activated and whether assistance is required (extension/7066).

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(5) Request EOC to notify local radio stations to announce the emergency recall of hospital staff in the event that the hospital or base phones are inoperable.

c. All Medical Officers, Dental Officers, Physician Assistants, Nurse Practitioners, and Independent Duty Corpsmen shall:

(1) Report to the Emergency Medicine Department lobby.

(2) Be detailed by the Director, Medical Services or MOOD after hours to patient receiving areas as outlined in Chapter 6 of this manual.

d. All other officers, enlisted and civilian personnel shall:

(1) Report to the Manpower Pool, located in the Mental Health Department lobby.

(2) Be detailed by the ECC, as internal requests are made through the ECC. ECC numbers are 2606 & 2411.

e. All Staff shall assume that the disaster recall has been activated and report to the hospital if an area-wide disaster has disrupted normal phone services.

f. During normal working hours, additional staff may be utilized from Military Sick Call which resides in Bldg. 1552.

Chapter 5

LOGISTICAL SUPPORT

1. Purpose. To establish policy, responsibilities and procedures for logistical support during a disaster.

2. Background. The need for disaster supplies and equipment is normally minimal. The Emergency Medicine Department has sufficient quantities to handle slightly more than their usual volume. The Pharmacy and Central Supply may be called upon at shorter notice than usual to provide re-supply

a. Pharmacy and Material Management have arranged with their prime vendors to be able to replenish supplies in an emergent/disaster situation.

b. Center Fire is First Response and has field supplies. Naval Hospital Twentynine Palms augments and assist as requested.

3. Action

a. Head, Material Management Department shall:

(1) Be responsible to the Commanding Officer for maintaining disaster preparedness medical material and supplies in a current state of readiness.

(2) Oversee the replenishment of supplies as required by requests from individual team leaders and hospital department heads.

(3) Keep the Commanding Officer via the ECC advised of supply level status.

(4) Maintain necessary issue control procedures and ensure the supply warehouse is manned on a twenty-four hour basis during a disaster situation.

(5) Plan and coordinate the procurement of additional supplies or equipment as directed by the Commanding Officer or ECC.

(6) Request additional manpower from manning pool if required.

b. Head, Fiscal Department shall:

(1) Monitor the utilization of financial assets.

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(2) Oversee the acquisition of supplies and services necessary to carry out the hospital's medical mission.

(3) Supervise the documentation of expenditures relevant to the emergency incident.

(4) Keep the Commanding Officer via the ECC apprised of financial status reports.

c. Head, Food Management Department shall be prepared to meet the nutritional needs of patients and staff during a disaster by maintaining the following:

(1) A contingency plan that includes at least one week's menus.

(2) A seven day supply of food.

(3) A two day supply of disposable dishes, flatware, cleaning supplies and garbage bags.

d. Head, Facility Maintenance Department shall:

(1) Obtain water buffaloes from EAP at X 6943 or 6220.

(2) Report aboard for earthquakes registering 5.5 or greater to check facility and equipment.

(3) Check emergency generators monthly per JCAHO to ensure functioning. There are 5 portable generators and 3 diesel generators in bldg. 1146.

(4) Water supply is self contained for hospital, having own source. If base loses water, hospital still should be able to function off its 165,000 gallon potable tank.

d. Head, Laboratory shall ensure there is adequate blood supply.

(1) Inventory on hand shall be:

- 10 units O+

- 10 units A+

- 4 units O-

- 4 units A-

(2) If additional blood is needed, contact the Community Blood Bank Center (CBBC) at 619-773-4195 in Rancho Mirage, CA.

Chapter 6

MASS CASUALTY HANDLING PLAN

1. Purpose. To establish policy and procedures during emergency situations involving casualties great enough in number (greater than 15) or severity to require the institution of separate triage and emergency treatment areas. Quick reference is the Emergency and Operation Actions Summary, Purple section.

2. Action

a. Commanding Officer, Executive Officer, or in their absence the CDO or OOD shall issue orders to activate the Mass Casualty Plan.

b. OOD shall:

(1) Complete the Disaster Information Sheet, NAVHOSP29PALMS Form 3440/01 (Rev. 2/94), Appendix A.

(2) Notify the Commanding Officer, the Executive Officer, and the Disaster Preparedness Officer as required.

(3) Initiate the Command Personnel Recall System as directed by the CO. Refer to Chapter 4 of this manual.

(4) Direct the Mate of the Day to announce over the PA system the activation of the Disaster Preparedness Plan. Refer to Chapter 3 of this manual.

c. Emergency Medicine Department Physician shall:

(1) Discharge all non-urgent patients from the Emergency Medicine Department.

(2) Assist in triaging and treating incoming casualties.

d. Emergency Medicine Department Charge Nurse shall:

(1) Assign one staff member to man the Emergency Operations phone.

(2) Clear the Emergency Medicine Department lobby of all non-urgent patients and families, triaging them accordingly with the arrival of more acute/urgent patients, keeping them informed. Emergency patients not related to the mass casualty will be cared for according to triage.

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(3) Direct Emergency Medicine Department staff to prepare all beds for incoming casualties.

(4) Dispatch an ambulance to the helopad if incoming flights are expected.

e. Multiservice Ward Charge Nurse shall:

(1) Determine the number of beds that will be available for incoming casualties and notify the Director, Nursing Services via the ECC.

(2) Direct ward personnel to prepare all available beds for incoming casualties.

f. Ward Medical Officer or Medical Officer of the Day will evaluate all patients as directed in Chapter 3 of this manual.

g. Director, Surgical Services shall:

(1) Act as the pre-operative triage officer.

(2) Determine the surgical priority of each patient that has been routed to the Operating Room.

h. Disaster Teams shall:

(1) Be assigned and configured as directed in Chapter 7 of this manual.

(2) Immediately muster with their respective team leader. The team leader will notify the ECC as to team readiness.

i. Material Management Personnel shall begin to preposition equipment and supplies from the supply warehouse.

j. Security Department Personnel shall activate the security portions of this manual.

k. Triage Receiving Personnel shall:

(1) Set up at the ambulance entrance in the Emergency Medicine Department.

(2) Identify and track patients by using the Patient ID band identification numbers.

(3) All lab, x-ray, physician orders, and tracking

sheets have this number on it with the respective patient folder. Folders kept in the Emergency Department.

1. All Casualties shall be triaged-transported as graphically depicted in Appendix B and as listed below:

(1) Minor. Patients who require minimal first aid care.

(a) Shall be transported or escorted to the Family Practice Lobby. Depending on number, they may overflow into the Gyn/Ortho Clinic areas.

(b) Majority are ambulatory and can be released from the hospital after treatment.

(2) Immediate. Patients who require immediate emergency medical care in order to survive.

(a) Shall be transported to the Emergency Medicine Department.

(b) Patients will be transferred to the ward, the operating room, or to another medical facility after definitive treatment or resuscitative care is completed.

(3) Delayed. Patients who require medical care but can wait up to several hours without loss of life or limb:

(a) Shall be transported to the Multiservice Ward or the Same Day Surgery/Recovery Room area depending on clinical stability and monitoring needs.

(b) Shall remain in the Delayed Treatment Area until arrangements can be made for transfer to other definitive treatment areas.

(4) Expectant. Patients with extensive or multiple injuries that have little chance of survival:

(a) Shall be transported to the Occupational Health Department.

(b) All patients triaged to this area will be regularly reassessed by a physician.

(5) Dead on Arrival and fatalities from other triage areas shall be transported directly to the morgue.

(6) Appendix A to this enclosure contains disaster information sheet NAVHOSP Form 3440/01.

Chapter 7

MASS CASUALTY TEAMS

1. Triage Receiving Team

a. Function. Expeditionary sorting of patients as they arrive to the casualty receiving area, which is outside the Emergency Medicine Department, in the ambulance bay and parking areas.

b. Shall be (optimumly)staffed by:

- (1) Two (2) Dental Officers or Physicians
- (2) Four (4) RNs
- (3) Eight (8) HMs
- (4) Four (4) Patient Trackers
- (5) Thirty-two (32) litter bearers

c. Triage officers and patient trackers will wear identifying vests.

d. The senior officer will act as the team leader.

e. When possible, all patient transports will be done utilizing gurneys and wheelchairs for staff and patient safety.

2. Minor Patient Receiving Team

a. Function. To receive, evaluate, and treat patients with minor injuries. The team will be located in the Family Practice Clinic.

b. Shall be staffed by:

- (1) Two (2) Medical Officers
- (2) Family Nurse Practitioners
- (3) Nurse Midwives
- (4) Physician Assistants
- (5) Independent Duty Corpsmen
- (6) One (1) Nurse Corps Officer

(7) Twelve (12) corpsmen

(8) One patient tracker

c. The nurse corps officer will function as the team leader.

3. Immediate Patient Receiving Team

a. Function. To receive, evaluate, and treat patients requiring emergent medical care.

(1) Head, Emergency Medicine Department will act as the Immediate Treatment Area Coordinator for all teams.

(2) One patient tracker will be assigned to the Immediate Receiving area to monitor patient location and movement.

(3) The teams will be located in the Emergency Medicine Department.

(4) A total of seven teams will be assigned to the Emergency Medicine Department.

b. Each team shall be staffed by:

(1) One (1) Physician

(2) One (1) Nurse Corps Officer or civilian nurse

(3) Two (2) Corpsmen

4. Delayed Patient Receiving Team

a. Function. To receive, evaluate, treat and monitor patients with injuries that can wait for further definitive treatment without loss of life or limb. The team will be located on the Multiservice Ward and/or the Recovery Room area.

b. Shall be staffed by:

(1) One (1) Physician

(2) One (1) Nurse Corps Officer or civilian nurse

(3) Six (6) Corpsmen

(4) One (1) patient tracker

c. The nurse corps officer will function as the team leader.

5. Expectant Patient Receiving Team

a. Function. To receive, evaluate, and monitor patients expected to die. The team will be located in the Occupational Health Department.

b. Shall be staffed by:

(1) One (1) Nurse Corps Officer or civilian nurse

(2) Two (2) Corpsmen

(3) One (1) patient tracker

c. The nurse corps officer will function as the team leader, notifying a physician to evaluate patients periodically.

6. Patient Tracking Team

a. Function. To monitor the movements of casualty patients through the hospital.

b. Shall be detailed as listed below:

(1) The ECC Patient Tracker (located in Chapter 3 of this manual) shall be the senior tracker.

(2) Four (4) patient trackers to the Triage Receiving Team.

(3) One (1) tracker with:

(a) Minor Patient Receiving Team.

(b) Immediate Patient Receiving Team.

(c) Delayed Patient Receiving Team.

(d) Expectant Patient Receiving Team.

c. Head, Patient Administration shall:

(1) Function as the Patient Tracking team leader.

(2) Ensure patient trackers receive proper training.

d. Patient trackers shall:

(1) Complete all information on the Patient Tracking Log, NAVHOSP29PALMS Form 3440/02 (Rev.12/96), Appendix C.

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(2) Inform the patient locator in the ECC whenever a patient arrives or leaves their treatment area by phone or radio.

7. Litter Bearer Team

a. Function. To provide patient handling and movement from the triage receiving area to other designated patient receiving areas. Litter bearers will be located at the triage receiving area.

b. Shall be staffed with thirty-two (32) litter bearers. When utilizing gurneys and wheelchairs, it requires fewer litter bearers since the manpower is decreased and safety for patient and staff are increased.

c. MCAGCC Command Duty Officer should be contacted for additional litter bearer manpower support.

d. Litters are located in the OMD storage shed located behind the Emergency Medicine Department and in the Emergency Medicine Department.

e. Head, Materials Management should be contacted for additional procurement of litters.

8. Preventive Medicine/Occupational Health Team

a. Function. To provide Preventive Medicine/Occupational Health support and services when directed and to assure hospital site safety for patients and staff members during and after a disaster.

b. Shall be staffed by the personnel from Preventive Medicine/Occupational Health Department of Naval Hospital.

9. Mortuary Team

a. Function

(1) To record, receive, and store remains of deceased disaster victims.

(2) Inventory and safeguard valuables of the dead.

(3) Report to the ECC patient locator the ID number of remains received.

b. This team will be located at the hospital morgue.

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c. At least one (1) person should be familiar with decedent affairs procedures and act as Team Leader, which is personnel from Patient Administration.

d. Head, Materials Management shall ensure an adequate amount of mortuary packs are on hand.

e. Head, Facilities Management Department shall arrange for receipt of a refrigerated truck to function as a temporary morgue in the event the hospital morgue is filled to capacity.

f. If required, Dental Officer support can be requested for identification of remains.

Chapter 8

REGIONAL SUPPORT RESOURCES

1. Purpose To identify local resources that can be used in the event of a disaster.

2. Action

a. When San Bernardino County medical resources are required, the Multiple Casualty Plan, Zone 5 (Morongo Basin) may be implemented by the Commanding Officer or designated representative.

b. San Bernardino Communications Command Center provides coordination between all civilian hospitals, ground and air transportation. They can be reached at (800) 992-4494.

c. Mate of the Day shall contact area hospitals and obtain information on the bed availability for casualties requiring transfer. Capabilities of local hospital are listed below.

Zone 5 (Morongo Basin) Hospitals

<u>Hospital/Phone Number</u> <u>Capability</u>	<u>Capability</u>	<u>Patient Treatment</u>
Hi-Desert Medical Center (619) 366-3711	H . . .	Major, Minor
St. Mary's Apple Valley (619) 243-3860	H . . .	Major, Minor
Eisenhower Medical Center (619) 340-3911	H . . .	Major, Minor
Desert Palm Springs (619) 323-6511	H T . .	Major, Minor, Trauma
Loma Linda University (909) 796-7311	H R T .	Major, Minor, Trauma
San Bernardino County (909) 387-8111	H R T B	Major, Minor, Trauma Burns
St. Bernadine's (909) 883-8711	H T . .	Major, Minor, Trauma

NOTE; Capability column definitions are as follows; H - Helo pad available, R - Radiation injury; T Trauma injury; and B- Burn injury.

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Organizations providing Ground Transportation

<u>Organization</u>	<u>Telephone Number</u>
Joshua Tree FD	(619) 366-8423
Yucca Valley FD	(619) 365-3333
Landers Volunteer FD	(619) 364-3211
Lucerne Valley FD	(619) 248-7322
Morongo Basin Ambulance	(619) 367-7507

Organizations providing Air Transportation

<u>Organization</u>	<u>Telephone Number</u>
AEROMEDEVAC	(800) 462-0911
	(800) 284-7910
Mercy Air Dispatch	(909) 356-9494
Flight for Life Las Vegas, NV	(702) 384-3400
San Bernardino Sheriff	(909) 356-3800
Samaritan Air Evac	1-800-321-9522
Critical Air Medicine	1-800-AIR-TEAM

Military Hospitals

	<u>Telephone Number</u>
Ft. Irwin (Weed Army Hospital)	Comm (619) 386-3048 DSN 470-3048
Nellis AFB, Las Vegas, NV	Comm (702) 652-5467 DSN 682-5467
San Diego Naval Medical Center, San Diego	Comm (619) 532-6400 DSN 522-6400
Camp Pendleton Naval Hospital	Comm (619) 725-1288 DSN 365-1288 Lease Line # 86-1288
El Toro Medical Clinic	Comm (714) 726-3174/ 3176 DSN 997-3174/3159 Lease Line # 85-3174/ 3159

Community Emergency Telephone Numbers

OES SAN BERNARDINO COUNTY	909-356-3934 909-356-3936 909-356-3998
OES FAX	909-356-3965

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COUNTY COMMUNICATION CONTROL
STATE OFFICE OF EMERGENCY SERVICES CA

916-262-1800

POLICE DEPARTMENTS:

PMO
SHERIFF DEPARTMENT
DISPATCH

6800
909-387-8313
367-9544/5
366-3781
365-2364/5

HIGHWAY PATROL/STATE POLICE
BARSTOW DISPATCH
ROAD CONDITIONS

366-3707 M-F 08-1700
256-1617
(800) 427-7623

CORONER

228-5458

FIRE DEPARTMENTS:
CENTER FIRE
29 PALM FIRE

6677
367-7524

R.A.C.E.S

362-4038 Mgr
364-0034 Asst Mgr

UTILITIES:

WATER COMPANY
ELECTRIC COMPANY
GAS COMPANY

367-7456
367-1615
(800) 292-0713

DISASTER
RED CROSS
DUTY RESPONSE TEAM PAGER

366-5330/20
228-4248

AMBULANCE SERVICES:
MORONGO BASIN AMBULANCE SERVICE

366-8474
366-1383/84

BLOOD SUPPLY:
COMMUNITY BLOOD BANK CENTER

619-773-4195

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DEPARTMENT	PHONE		DEPARTMENT	PHONE
Anesthesia	2290/1		MIW	2258/9
BEARMAT	6623/525		MSW	2301/659
BEQ	6828		MSC	2620/1
Center Fire	6871/475		Material Mgmt	2388
Central Files	2183		NIS	6275
CID	6820		Occupational Health	2003
CMAA	2800		OMD	2198
CO Secretary	2188		OOD/Info	2190
Command Suite	2302		Operating Room	2311
CSR	2433		Outpatient Records	2322/529
Dental	7053		PACU	2307
Duty Room	2029		PAO	2362
ED Medical Director	2200		Pharmacy	2448
ED Department Head	2086		PMO	6800
ED LPO	2203		Preventive Medicine	2729
Front Gate	5284		Patient Admin	2427
Housekeeping	2041/2		Radiology	2155
Industrial Hygiene	2003		Safety Manager	2206
Information Base	6000		Command Conference Room	2606/2411
Lab	2452/145			
Linen	2011			
Manpower	2335			

Chapter 9

PUBLIC AFFAIRS

1. Purpose. To provide procedures in using the Public Affairs Program during a disaster emergency to alleviate apprehension and strengthen public confidence.

2. Policy. Per reference (b), the Command's Public Affairs policy in the event of a disaster is to alleviate apprehension and strengthen public confidence and to provide accurate information in a timely manner while safeguarding the privacy of individuals.

3. Action

a. Executive Officer shall:

(1) Approve the release of all information from this Command to the media and higher authorities.

(2) Keep the Commanding Officer apprised at all times.

b. Director for Administration shall:

(1) Act as the spokesperson for the Command.

(2) Review all information from this Command released to the media and higher authorities.

c. Public Affairs Officer shall:

(1) Collect all information immediately available and report to the Director for Administration.

(2) Keep the Director for Administration apprised of all updated information.

(3) Assist the Officer of the Day or Security personnel in directing media representatives to Optometry's Front Lobby. (This allows phones and restroom utilization, while allowing interviews of minor patients if they desire to be interviewed). Doors to exam areas will be locked and press to will be maintained in the front area only, requiring security to man area to prevent flow of media through minor treatment areas.

(4) Serve as the liaison to the Base Joint Public Affairs Office.

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(5) Obtain official photographic coverage for documentary, training, and historical purposes.

(6) Prepare after action report on lessons learned.

(7) Prepare news releases.

(8) Ensure the guidelines provided in reference (b) pertaining to release of information on casualties are adhered to.

d. CDO (on weekends and holidays) shall:

(1) Serve as the Director for Administration, until relieved.

(2) Assist the Public Affairs Officer as necessary.

e. OOD shall:

(1) Notify the Public Affairs Officer immediately in the event of a disaster emergency as directed by reference (b).

(2) Assume the duties of the Public Affairs Officer until relieved.

(3) Escort all media representatives to the lobby of Optometry Clinic.

f. All Command personnel shall direct all questions concerning the disaster to the Public Affairs Officer or the Director for Administration.

Chapter 10

SECURITY

1. Purpose. To provide policies and procedures regarding traffic and crowd control, physical security procedures and to ensure control of persons entering unauthorized spaces.
2. Background. Disasters attract the press, the curious, concerned friends and relatives of victims, and officials concerned with the situation. It is essential the presence of these individuals do not interfere with the hospital's mission during recovery operations. In situations requiring additional assistance in a behavioral emergency, a "Code Romeo" is called which is a confidential code enabling security and Mental Health teams to arrive at the area needed without disclosing security response. Refer to the Green Section of the Emergency and Operational Actions Summary.
3. Policy. The Command will use NAVHOSP Security personnel, PMO, and if necessary, additional assistance from the manpower pool in performing security functions and assisting in patient movement.
4. Action
 - a. Security Officer shall:
 - (1) Be Security Team Leader consisting of:
 - (a) Master-at-Arms.
 - (b) One (1) other person from Operating Management Department.
 - (c) Seven (7) members from manpower pool.
 - (2) Provide assistance in opening or securing spaces.
 - (3) Request one (1) PMO security unit as external roving patrol and weapons collection.
 - (4) Provide radios as needed for security and triage teams.
 - b. Master-At-Arms shall assume the duties of Security Officer when the Security Officer is not present.
 - c. Security Team shall:

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(1) Be responsible for traffic control, directing Emergency and private vehicles carrying injured persons to the casualty receiving area. Below lists assignment locations:

(a) Intersection of Sturgis and the front hospital parking lot entrance.

(b) Intersection of First Street and Emergency Medicine Department parking lot entrance.

(2) Provide physical security and be assigned in the following location:

(a) Optometry Clinic front lobby to ensure press members remain in their designated areas until authorized to leave by proper authority. Will lock clinic doors leading back into exam hallways to prevent press from straying through back hallways. Post member between Pediatric and Family Practice Clinic to keep press in designated area.

(b) Emergency Medicine Department (external) entrance to support crowd control.

(c) In front of Outpatient Clinics to direct pedestrian traffic and monitor for unauthorized entry or illegal activities.

(d) Inside roving patrol to secure doors, as necessary.

d. OOD/Mate of the Day shall escort Department of Defense or local disaster control officials to the Director for Administration's office for appropriate briefings by the executive staff.

e. All Hands shall:

(1) Recognize that Visitors/Relatives of Victims will be anxious, concerned and impatient. Great tact and empathy must be exercised when dealing with visitors, families and friends.

(2) Direct visitors to the Protestant Chapel where they will be given information and informed when they may see their family member.

(3) Direct press and media members to Optometry Clinic Lobby.

Chapter 11

EMERGENCY COMMUNICATIONS

1. Purpose. To provide coordination of all communication channels during a disaster.

2. Policy. Pursuant to reference (a) activation of radio networks will be as follows:

a. All radio circuits will be tested and left on standby during ALERT CONDITION CODE 3.

b. All radio networks will be manned during ALERT CONDITION CODE 2.

c. Networks and frequencies are listed in Appendix D and E.

3. Action

a. Commanding Officer shall direct a Mandatory Reduction of communications traffic other than required. The ECC number is 2411/2606. All requests for resources will be directed through the ECC.

b. The following communication equipment is available through the quarterdeck from Head of OMD.

(1) Cellular phones	28 Total
	16 Available

(2) Hand-held radios	12 Radios
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(3) Assign a Communication Officer

c. Head, Facilities Maintenance Department shall:

(1) Notify the Commanding Officer of interim communications available and measures required to re-establish or relay communications.

(2) Notify EOC (if operational), Public Works or Installation, and Logistics, as appropriate, to effect necessary repairs of communication systems.

(3) Maintain operational communications circuits, and if necessary, request assistance in the form of emergency power generators.

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d. OOD/Mate of the Day shall use members from the manning pool as messengers if normal communications services are disrupted. If more personnel are required, the Command can go through the Base EOC or Chief of Staff to have requests met.

e. Radio or cellular communications will be not be used in the event of a bomb threat unless at least 150 feet away from the building since radio communication could detonate a bomb.

f. Appendix D to this enclosures contains radio nets and functions.

g. Appendix E to this enclosure contains the combat center frequencies.

Chapter 12

MINOR DISASTER PLAN

1. Policy. Emergency situations of four to eight casualties can normally be handled by the Emergency Medicine Department and an augment staff.

2. Action

a. Emergency Medicine Department Physician shall be responsible for requesting the Minor Disaster Plan activation by contacting the Officer of the Day, who contacts the Commanding Officer, if unable to meet the needs internally.

b. Medical Officer of the Day shall evaluate and treat all other patients who are in the Emergency Medicine Department during activation of the Minor Disaster Plan, according to triage criteria.

c. During working hours:

(1) Information Desk personnel shall:

(a) Announce the activation of the Minor Disaster Plan over the public address system when directed by the Commanding Officer.

(b) Use telephone and/or personal pagers to notify personnel as deemed necessary by the Emergency Physician to report to the Emergency Medicine Department.

(2) Head, Manpower Management Department shall obtain hospital corpstaff from the BEQ, the inpatient wards, and Military Sick Call, as necessary to stand by the Emergency Medicine Department as additional treatment personnel. After hours, a member of the duty section will be dispatched to the BEQ to obtain additional corpstaff.

(3) Chief Master at Arms (CMAA) shall:

(a) Notify Hi-Desert Medical Center and Morongo Basin, apprise them of the situation, and request that ambulances not involved in the current disaster be directed away from the Naval Hospital.

(b) Assign a force to report to the Emergency Medicine Department to prepare the waiting area for overflow casualties and provide physical security.

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d. After working hours:

(1) OOD shall:

(a) Notify the Commanding Officer.

(b) Announce the activation of the Minor Disaster Plan over the public address system if directed by the Commanding Officer.

(c) Assume the duties of the Head, Manpower Management Department.

(2) Mate of the Day shall:

(a) Assume the duties of the Chief Master at Arms.

(b) Dispatch the Admissions Watch to Emergency Medicine Department.

(3) Admission Watch shall retrieve admission packets and prepare papers on all patients admitted for treatment.

Chapter 13

INTERNAL DISASTER PLAN

1. Purpose. To provide procedures during a internal disaster such as fire, flooding, or structural collapse that affects only an area of the hospital and outside resources are available to come to our assistance.

2. Action

a. During Working hours

(1) OOD shall:

(a) Keep the Commanding Officer advised of the situation.

(b) Direct the Information Desk personnel to announce the dangers and location of the internal disaster using the Public Address System.

(c) Direct the activation of applicable portions of the Disaster Preparedness Plan.

(d) Direct the evacuation of the immediate disaster area to other areas of the facility as necessary, either horizontal or vertical transfers.

(e) Call for assistance as necessary (PMO, Fire Department, EOD, etc.).

(2) Emergency Medicine Department Physician or designee shall:

(a) Report to the scene with 2 EMT's and emergency supplies if injuries occur.

(b) Direct medical operations at the scene, while being accessible to ER for emergent patients who may present, and until relieved by another physician.

(c) Keep the ECC advised of the situation by radio or telephone.

(3) Ward Charge Nurse shall:

(a) Survey ward outside the disaster area to ascertain the availability of beds for casualties.

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(b) Ready the wards to receive additional patients/casualties from the disaster area.

(c) Keep the ECC advised of available beds and ward readiness to receive additional patients/casualties.

(4) Head, Facilities Management Department shall:

(a) Report to the scene with radio and available maintenance personnel to assist in recovery and evacuation operations.

(b) Advise the OOD and Commanding Officer of any further dangers at the disaster site.

b. After Normal Working Hours

(1) OOD shall:

(a) Use the Public Address system to warn that an internal disaster has occurred, its location and all duty section personnel are to report to the Information Desk immediately. If Public Address system is unavailable may use bull horns or messengers accordingly.

(b) Assume command of the ECC until relieved by higher authority, while keeping the Commanding Officer informed.

(c) Notify the Commanding Officer, Executive Officer, Security Officer (OMD), and Head, Facilities Management Department of the disaster.

(d) Direct the activation of applicable portions of this Disaster Preparedness Manual and recall of personnel as indicated or directed.

(2) Mate of the Day shall:

(a) Proceed to the scene of the disaster, with a hand-held radio, and assess the situation. Return to OOD with a report regarding the situation. Return to scene to assist with recovery operations until relieved by higher authority.

(b) Direct the evacuation of the immediate disaster area to other areas of the hospital.

(c) Keep the Officer of the Day aware of the internal disaster situation.

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(d) Direct the recall of additional medical personnel as requested by the Emergency Medicine Department Physician and/or Officer of the Day.

(e) Call for assistance from PMO and Center Fire as required or directed.

(3) Ward Charge Nurse shall perform duties as outlined in 2a(3) of this chapter.

Chapter 14

EVACUATION PLAN

1. Purpose. To establish a evacuation concept and guidelines that will apply in most circumstances. The evacuation routes used must be based on the given situation. The extent to which evacuation is carried out depends on the severity of the fire or and event that threatens the integrity of the hospital or the safety of its occupants. The Commanding Officer or Incident Commander orders evacuation. If total evacuation is required rapidly, there is a central fire alarm at the quarter deck which will activate all fire alarms in the facility.

2. Background. Various circumstances including fire, bomb threats or general contamination of the air handling system may dictate partial or total evacuation of the hospital.

3. Action

a. Commanding Officer or, in his/her absence, the Executive Officer, or the OOD, if imminent danger is present, shall:

(1) Implement the evacuation of the hospital in whole or in part.

(2) Request from the EOC the nearest, usable facility to be designated as a temporary alternate hospital site if travel off base is secured. First choice would be the clinic area, inpatient area, or Military Sick Call if total evacuation is required. In Military Sick Call, building 1552, they would secure and send patients to the hospital if the event they required evacuation.

(3) Request from the EOC for additional manpower and vehicles to assist during the movement of patients, if required.

b. Safety Manager/Fire Marshall shall:

(1) Assume overall direction and coordination of evacuation efforts, including evacuation routes.

(a) Primary. Hospital elevators, unless recommended by Facility Officer or Center Fire personnel not to use elevators.

(b) Secondary. Central stair well.

(c) Tertiary. Outside wall exits (two on ward and two in the operating room passageway).

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(2) Assign personnel to assist in evacuation of bed patients after consulting with the Director, Nursing Services.

c. Head, Operating Management Department shall:

(1) Contact PMO and determine evacuation routes and brief Security Team accordingly.

(2) Establish traffic control, ensuring that movement of bed patients is given first priority.

(3) Post Security Team personnel in all affected areas to act as Evacuation Marshals.

(4) Assign Security Team members to the ward to assist in evacuating patients.

(5) Determine necessity of activating the Manpower Pool.

d. Multiservice Ward, Nursery, Labor and Delivery Charge Nurses shall:

(1) Direct ward staff to prepare patients who are:

(a) Helpless for evacuation on litters or gurneys.

(b) Non-ambulatory for evacuation in wheelchairs

(c) Newborn infants to mothers prior to evacuation.

(2) Assist evacuation marshals in coordinating movements of patients.

(3) Muster patients and personnel once evacuated.

(4) Use the patient profile for muster and medical information.

e. After normal working hours, the OOD shall:

(1) Determine the necessity for evacuation, after briefing Commanding Officer or Executive Officer.

(2) Assume responsibilities of the Safety Manager until relieved.

(3) Notify the Commanding Officer, the Executive Officer, all Directors, and the Command Master Chief.

(4) Instruct the Mate of the Day to notify all hospital corpsmen living in the BEQ to report to the hospital to assist in evacuation operations.

(5) Direct overall evacuation efforts.

f. After normal working hours, the Mate of the Day shall:

(1) Assume the responsibilities of Head, Operating Management Department as outlined in this chapter.

(2) Establish an Evacuation Detail from available personnel.

(3) Dispatch a member of the duty crew to notify all hospital corpsmen living in the BEQ to report to the hospital to assist in evacuation operations.

(4) Dispatch the Admissions Watch and Lab Watch to deliver stretchers to the ward for transporting bed patients. Litters are located in the Emergency Medicine Department and the OMD storage shed behind the Emergency Department.

g. Ward Medical Officer or Medical Officer of the Day shall discharge patients currently hospitalized whose medical condition permits, if looking at a long term evacuation.

h. Head, Patient Administration Department shall coordinate transferring patients via ambulance to hospitals in the greater San Bernardino and Riverside County areas, if necessary.

i. Head, Facilities Maintenance Department shall arrange for extra vehicles to assist in the transporting of patients to other facilities or to Military Sick Call if it is being used for a short duration.

j. Information Desk Personnel, directed by the Commanding Officer or the OOD, shall activate the Evacuation Plan by making the following announcement over the Public Address System:

(1) "ATTENTION PLEASE, THIS IS/IS NOT A DRILL (as applicable), THE EVACUATION SECTION OF THE HOSPITAL'S DISASTER PREPAREDNESS PLAN HAS BEEN ACTIVATED. "EVACUATE (area). EVACUATION DETAIL REPORT TO (assembly area)."

(2) Information concerning specific routes to be used may be announced, depending on the situation.

(3) Refer to enclosed maps in Appendix G of fire zone areas. Original fire zone maps located in room B 020. These

maps will be available only through hard copy, they will not be available through the server. If at all possible, a lateral transfer of patients would be made, then a horizontal transfer if appropriate.

(4) If total evacuation from the building is necessary, personnel are to muster in the appropriate parking lot and the assigned departmental representative will muster personnel/patients and report to the quarter deck that all personnel/patients are accounted for.

(5) If staff members are in another location when the evacuation is initiated, they must report to muster area to ensure all personnel are accounted for.

k. Security Team shall:

(1) Be augmented with personnel from the manpower pool.

(2) Be responsible for effecting traffic control and assisting nursing personnel with evacuating patients. Ensure NO PERSONNEL return to area that has been evacuated.

l. Personnel Evacuating Patients shall:

(1) Give priority to moving bed patients.

(2) Move patients who are closest to the danger first (lateral move).

(3) Handle children like adults except during ambulatory evacuation. In this case, alternate the older and younger children in the evacuation line.

(4) Move ambulatory patients toward the nearest and safest protected area.

(a) Assign one employee to follow at the rear of each patient group.

(b) Do not leave ambulatory patients without guidance for fear of panic.

(5) Move wheelchair patients to a safe area. Return chairs for additional patients.

(6) Move helpless patients via stretchers or litters. If stretchers or litters are unavailable, use the cradle drop method to place a patient on a blanket which has been set on the

floor. Then, pull the patient out along the floor to a safe location. If blankets are unavailable, use sheets (double-folded) or bedspreads to drag the patient to safety.

m. All hospital staff shall:

(1) Muster with representatives from their department. Departmental rep will report to quarter deck with personnel/patient muster report.

(2) Become the manpower pool to be used by the OOD, if required.

Chapter 15

HAZARDOUS MATERIALS

1. Purpose. To provide policy and procedures during a hazardous material spill including any hazardous chemicals, nuclear materials, or biological agents.

2. Policy

a. Reference (a) identifies one specific contingency concerning Hazardous Materials spills or Release Plan for MCAGCC.

b. This Command will request assistance from Combat Center Teams listed in reference (a), or Center Fire if they are available for clean up / decontamination.

c. Know location of specific spill kits for small spills and the MSDS's.

d. Refer to the Emergency and Operational Actions Summary - Yellow sheet for a quick reference guide.

3. Action

a. Commanding Officer or OOD shall:

(1) Determine one of two scenarios to be initiated.

(a) Decontamination by a Base Response Decon Team/ Center Fire in the field for many victims including casualties.

(b) Decontamination by a Base Decon Team/ Center Fire with a secondary decon outside the ER.

(2) Request assistance as required from:

(a) Nuclear, Biological and Chemical (NBC) Survey Team to survey assigned areas for location, type, and level of contamination. Then mark hazardous areas and advise for the need for an NBC control team. Point of contact is the 7th Marine Regiment (7th MARINES) NBC Officer at extension 5803.

(b) Personnel Decontamination Team, along with local fire officials to contain spills and decontaminate personnel if authorized by the Commanding General. On some occasions, a civilian Natural Resources and Environment (NREA) Team may be brought into supervise the containment and

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decontamination of victims and the spill. Point of contact to activate this Team is the 7th Marines NBC Officer at extension 5803.

(c) NREA Response Team responds to all spills using references (e) and (f) and will contact the Fire Department if the spill is over five gallons. Point of contact is the Compliance Enforcement Officer/Spill Response at extension 7633/5200.

(d) Fire Department Hazardous Materials Spill Team responds to spills greater than 5 gallons or spills where response is requested by the Compliance Enforcement Officer. Point of contact is the Fire Captain at extension 7879.

b. Emergency Medicine Department Personnel shall:

(1) Ensure a victim has been decontaminated prior to entering the Emergency Treatment Area, however they initiate appropriate life saving measures as deemed necessary prior to decontamination procedures.

(2) Monitor all patients prior to being transported to an advanced treatment area (i.e.: the Operating Room) or the Multiservice Ward.

(3) Be monitored and decontaminated prior to leaving the area.

c. Head, Facilities Management Department shall secure ventilation, if required.

d. Head, Safety Manager shall ensure personnel are monitored and followed up accordingly. For radiation illnesses, patients would be transported to Balboa or nearest appropriate facility.

e. All hands shall make every effort to prevent contamination within the internal confines of the hospital.

Chapter 16

DESTRUCTIVE WEATHER PLAN

1. Purpose. To provide procedures and measures to be employed by the hospital before destructive weather actually strikes the Twentynine Palms' area.

2. Action

a. ALERT CONDITION FOUR. All hands shall:

(1) Secure from higher alert conditions. The threat of destructive weather has passed (condition normal).

(2) Return to normal operations.

b. ALERT CONDITION THREE. Destructive weather threatens and destructive winds of force indicated are possible within 48 to 72 hours.

(1) Head, Operating Management Department (or OOD after hours) shall:

(a) Conduct preliminary inspection of the hospital area and determine those buildings with loose material that must be secured.

(b) Assign and brief working parties on actions required to prepare for destructive weather damage.

(c) Ensure removal or securing of loose materials and portable equipment.

(d) Check emergency communication equipment.

(e) Report Alert Condition THREE set to EOC.

(2) Head, Facilities Management Department shall:

(a) Inspect all buildings for broken windows, screens, or doors that require removal or securing.

(b) Inspect the emergency generator and utilities.

(c) Report Alert Condition THREE set to the ECC.

(3) Department Heads shall:

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(a) Prepare personnel, supplies, files and equipment for protection from high winds and water.

(b) Report Alert Condition THREE set to the ECC.

c. ALERT CONDITION TWO. Destructive winds of force indicated are anticipated within 24 to 48 hours. Take precautions that will permit establishment of highest state of readiness on short notice.

(1) ECC shall:

(a) Meet in Conference Room.

(b) Report Naval Hospital Alert Condition TWO set to EOC.

(c) Liberty will be granted at the discretion of the Commanding Officer.

(2) Head, Operating Management Department (or OOD after hours) shall:

(a) Evacuate buildings considered unsafe for occupancy due to high winds.

(b) Report Alert Condition TWO set to EOC.

(3) Officer of the Day shall announce over the public address system "Attention in the hospital, Attention in the hospital set Storm Alert Condition Two".

(4) Head, Facilities Management Department shall request emergency generators from MCAGCC if required.

(5) Classified Material Control Officer shall secure all classified material.

(6) Department Heads shall:

(a) Continue preparation to minimize damage from wind and water.

(b) Ensure all doors, windows and gear within their department are secured.

(c) Report Alert Condition TWO set to the ECC.

(d) Upon notification from the Commanding Officer send personnel not required for essential operations or duties to their living quarters.

d. ALERT CONDITION ONE. Destructive weather is present or anticipated in less than 24 hours. Establish the highest state of readiness.

(1) ECC shall:

(a) Have all personnel move indoors. When average winds exceed 50 miles per hour, no personnel will be allowed in open areas except those engaged in emergency or rescue duties.

(b) Report Naval Hospital Alert Condition ONE set to EOC.

(2) OOD shall announce over the public address system "Attention in the hospital, Attention in the hospital set Storm Alert Condition One".

(3) Head, Operating Management Department (or OOD after hours) shall:

(a) Complete physical security measures.

(b) Report Alert Condition ONE set to ECC.

(4) Head, Facilities Management Department shall report loss of utility services to the ECC.

(5) Department Heads shall:

(a) Report all casualties and material damage to ECC.

(b) Ensure all doors, windows and gear within their department is secured.

(c) Standby to provide personnel and equipment to the ECC to assist in rescue or repairs.

(d) Report Alert Condition ONE set to ECC.

e. After the storm has passed, Head, Facilities Management Department shall inspect all areas of the facility for damage and report such damage as appropriate.

Chapter 17

EARTHQUAKES

1. Purpose. To establish procedures and measures to be employed during and after an earthquake. Quick reference can be found in the Emergency and Operational Actions Summary - Pink Section labeled Earthquake.

2. Action

a. Commanding Officer shall activate the Emergency Control Center based on the damage and number of injuries which have occurred at this facility and the surrounding neighborhood.

b. CDO or OOD shall:

(1) Immediately notify the Commanding Officer, Executive Officer and the Disaster Preparedness Officer.

(2) Evacuate the hospital, if directed by the Commanding Officer.

(a) Use the Internal Evacuation Plan (Chapter 14) until deemed safe to reenter by competent authority.

(b) DO NOT USE ELEVATORS DURING THE EVACUATION, unless cleared by facilities as operable.

(3) Activate other sections of the disaster plans as dictated by the situation.

c. Head, Facilities Management Department shall:

(1) Be responsible for evaluating the entire facility, which includes the Military Sick Call Building, helo pad and the hospital parking lot. After normal working hours, the OOD will assume these duties until relieved.

(2) Report to the ECC areas of structural damage or loss of utilities.

(3) Initiate back up utilities or power if required.

d. During an earthquake, all hands shall:

(1) Stay inside. Advise co-workers, patients, and visitors to do the same.

(2) Move away from windows that might shatter and from tall shelves and other objects that might topple.

(3) Watch for falling objects such as light fixtures or pieces of ceiling.

(4) Take shelter if possible. Get under a strong table, counter, or desk if you are able.

(5) Not stand in a doorway. In a hospital, interior doorways are no safer than anywhere else.

(6) Not try to exit down stairways.

(7) If you are outside, move away from buildings, electric power lines and avoid overhanging structures, if you are outside.

e. After the earthquake, all hands shall:

(1) Survey the surrounding area looking for:

(a) Anyone who is injured or trapped.

(b) Fires, extinguishing them or requesting help.

(c) Unnecessary equipment, turning off or unplugging.

(2) Report potential or suspected chemical hazards, gas leaks, or broken water lines to Facilities Management Department.

(3) Check to see if power is on. Patients on life support systems might need emergency medical attention.

(4) Calm patients and tell them to remain in their rooms (if intact). An alternative is to assemble patients in corridors and to wait there until a detailed assessment of building damage is made.

(5) Move patients to interior walls, away from windows and glass; pull curtains to protect from glass.

(6) Clear hallways and evacuation routes.

(7) Leave doors open.

(8) Administer treatment or summon medical assistance.

(9) Proceed carefully. Floors may be covered with broken glass and/or spilled chemicals.

(10) Implement water conservation plan. Do not flush toilets.

(11) Prepare a summary of damage to your area and communicate it to inspecting officers or the Officer of the Day.

(12) Post signs in dangerous areas.

(13) Be careful opening cupboards and closets; things may fall out.

(14) Inform the Officer of the Day of any unsafe situations.

(15) Not smoke or allow open flames, i.e. lighters, burners since there could be broken gas lines.

(16) Not touch fallen or damaged electrical wires.

(17) Not use food or water until told it is safe to do so by Preventative Medicine.

f. All hands not at the hospital shall:

(1) First check on the safety of your family.

(2) Listen to local radio stations for emergency announcements.

(3) Report to the hospital to assist. Assume you are needed if phones and electricity are impacted.

Chapter 18

BOMBINGS AND BOMB THREATS

1. Purpose. To establish actions to be taken during actual or suspected bombing attempts within the Naval Hospital. For a quick reference refer to the Emergency and Operational Actions Summary - Code Yellow.

2. Background. Government facilities throughout the nation have received bomb threats. It is imperative that adequate guidelines are developed so personnel attached to this Command have a clear and concise understanding of what to do in receipt of bomb threats to ensure the safety of personnel and prevent damage.

3. Types of Bomb Threats. The nature of bomb threat information received will determine the type and severity of the threat.

a. Suspected Bomb Threat. Information is received that an attempt to bomb or to detonate explosive ordinance will be made at some undetermined date.

b. Imminent Bomb Threat. Information is received of an attempt to bomb or to detonate explosive ordinance where a specified time and date is given.

4. Action

a. Security Officer or OOD shall immediately notify the Commanding Officer, Executive Officer, all Directors, the Disaster Preparedness Officer, MCAGCC OOD, and PMO.

b. Recipient of the Bomb Threat information shall:

(1) Obtain and write down the information outlined on the Bomb Threat Call Checklist, NAVHOSP29PALMS Form 3440/03 (Rev. 2/94), Appendix F (this is found in the front of the Hospital Phone Book).

(2) Attempt immediately after call, to depress switch hook and press *33. You will receive a confirmation message. Hang up and notify PMO at 6800 regarding the trace has been initiated.

(3) Immediately notify the Command Suite and the Security Officer.

(4) After normal working hours, immediately notify the OOD.

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c. Evacuation will be determined by the Commanding Officer. Same procedures will be done as in Chapter 14. Ensure a muster is completed and reported to the OOD/duty personnel to ensure all are accounted for.

d. OOD or Security Officer will designate a person familiar with the hospital to stand-by to assist EOD team or PMO, if requested, in search of building.

Chapter 19

FIRE

1. Action May refer to the Emergency and Operational Actions Summary under "Code Red"

a. First responders (any individual first discovering a fire) shall:

(1) Follow a procedure explained by the acronym "RACE":

"R" - Rescue all persons who are in immediate danger (unless action would endanger the rescuer).

"A" - Announce the fire: Activate the nearest manual fire alarm station.

"C" - Contain the fire and smoke by closing windows and doors.

"E" - Extinguish the fire, if possible, with the appropriate extinguisher.

(2) Report all fires by using a pull box and calling the Hospital Information Desk or calling 911.

b. Fire Security Officer shall:

(1) Ensure that the MCAGCC Fire Department is called on all fires, even if extinguished.

(2) In the event of a Fire Alarm Activation:

(a) Verify the zone and room number of the fire from the alarm panel located at the Information Desk.

(b) Notify the Commanding Officer and Director for Administration.

(c) Proceed to the scene of the actual/drill emergency by the most expeditious means.

(d) Evaluate the situation and direct appropriate actions until relieved by proper authority (Fire Chief, Commanding Officer, Executive Officer or Director for Administration).

(e) When relieved at the emergency site by proper authority, proceed to the Quarter Deck.

(f) Maintain availability of access keys to all areas.

(g) Coordinate and control external/internal communications.

(h) Maintain liaison with the reporting Fire Chief.

c. Fire Warden shall:

(1) Report all fires to the Fire Security Officer.

(2) Accompany Fire Department personnel during scheduled fire drills and routine fire inspections.

(3) Make reports to the Fire Security Officer of significant events and inspection findings.

d. Head, Facilities Management Department shall:

(1) Be notified prior to the closing of sprinkler control valves for alterations, maintenance or repair.

(2) Be notified prior to the deactivation of any fire suppression or detection equipment for alterations, maintenance or repair.

(3) Notify the Fire Security Officer prior to any deactivation of fire suppression or detection equipment for alterations, maintenance or repair.

(4) In the event of an alarm activation:

(a) Ensure that a department representative responds to the Quarter deck to determine location of alarm activation.

(b) Secure utilities and equipment as required for areas involved or endangered by fire.

(c) Access, operate and/or deactivate:

1 Electrical circuits

2 Water and sewage systems

3 Gas systems

4 Elevators

5 HVAC (Heating, Ventilation, Air Conditioning)

(d) Provide physical layout information of structures.

(e) Instruct other departmental personnel to report to the Emergency Room parking lot and await further instructions.

e. Department Heads shall prepare a written evacuation plan for department personnel, and ensure this plan is addressed in detail during department indoctrination.

f. OOD shall assume the duties of the Fire Security Officer after hours.

g. Information Desk/Duty Crew personnel shall:

(1) In the event of a fire alarm activation, report to the Information Desk.

(2) Read the Fire Alarm Panel to determine the zone/location from which the alarm was activated.

(3) Call 9-1-1 and:

(a) Give exact location of fire and building number.

(b) Nature of fire, if known.

(c) State who is calling and the telephone number.

(d) Wait for acknowledgment from the fire dispatcher.

(4) Contact the following departments by telephone or messenger to advise of alarm condition (drill or actual fire).

(a) Emergency Room

(b) Operating Room

(c) Post Anesthesia Care Unit

(d) Nursery

- (e) Labor and Delivery
- (f) Multi-service Ward
- (g) Food Management Department

h. Chief Master-at-Arms shall:

- (1) Respond to the Information Desk to determine location of alarm activation.
- (2) Detail personnel for traffic control and keep entrances clear for the Fire Department's arrival.
- (3) Report to the Emergency Room to ensure Fire Lane clearance and direct Fire Department personnel to the scene.
- (4) Request additional support from PMO if needed.
- (5) Ensure no other personnel enter evacuated area. All traffic should be diverted from hospital unless an emergency.

i. Personnel in Administrative areas during alarm activations shall:

- (1) In an ACTUAL FIRE:
 - (a) Implement "RACE".
 - (b) Execute Fire Evacuation procedures.
- (2) In a FIRE DRILL:
 - (a) Implement "RACE".
 - (b) Execute Fire Evacuation procedures.

NOTE: Administrative spaces are defined as any space where direct patient care is not being conducted. This includes, but is not limited to, the Command Suite, all spaces under the Administrative Directorate (except Food Management Department), Marine Corps Exchange, Chapel, clinic patient waiting areas and Quarter Deck.

j. Personnel in Patient Care and Ancillary Service areas during alarm activation shall:

- (1) In an ACTUAL FIRE (Immediate Area):
 - (a) Implement "RACE".

(b) Execute fire evacuation procedures for the immediate area.

(2) In an ACTUAL FIRE (NOT in immediate area) do not evacuate, but do make preparations to evacuate if ordered to do so by the Commanding Officer or his designated representative. If fire is in immediate area, do a horizontal transfer to a safe fire zone.

(3) In the event of a FIRE DRILL:

(a) Be prepared to describe "RACE".

(b) Be prepared to explain execution of Fire Evacuation procedures.

NOTE: Patient Care and Ancillary Service areas are described as:

a. All spaces within Hospital North, Middle Level (Emergency Room, Laboratory, Radiology, Pharmacy, and Physical Therapy.)

b. All spaces within Hospital North, Upper Level (Operating Room, Post Anesthesia Care Unit (PACU), Nursery, and Labor and Delivery.)

c. All spaces within Hospital South, Upper Level (Multi-Services Ward).

d. All treatment rooms and HEALTH CARE provider spaces within Clinic's East and West.

e. Food Management Department.

CHAPTER 20

EMERGENCY ACTION PLAN

1. Purpose. To establish policies and procedures for the emergency protection and/or removal of classified material.

2. Introduction. Emergency Action Plan must be practical and reasonable and take into account the volume, level and sensitivity of the classified material held.

3. Background

a. Effective emergency protection begins by maintaining the least amount of classified material.

b. All classified material will be located in the Command Classified Container in Central Files.

4. Action

a. Security Manager shall determine when to activate the Emergency Action Plan.

b. Top Secret Control Officer shall ensure emergency removal of Top Secret material.

c. Classified Material Control Officer shall:

(1) Ensure all classified material is secured in the classified container.

(2) Ensure door to office is locked and perimeter is secured.

(3) Notify the Security Manager if proper protection cannot be given to the classified material in order to initiate the Removal Plan.

(4) Upon direction or as emergency conditions dictate, inventory all classified material and transport to the Communications Center in Building 1559.

(5) If for some reason the security of the Communications Center has been compromised, remove the material to the Communication-Electronics School in Building 1865.

(6) When conditions warrant safe return of classified material, conduct a complete inventory to ensure that all material is accounted for.

Chapter 21

NAVAL HOSPITAL ASSIGNMENTS IDENTIFIED IN THE COMBAT CENTER
EMERGENCY PREPAREDNESS PLAN, COMBAT CENTER ORDER P3440.1C

1. Purpose To provide a synopsis of responsibilities outlined
in the Combat Center Emergency Preparedness Plan, reference (a).

2. Specific Assignments for Naval Hospital

a. EOC Representative to CG's Conference Room.

b. Mortuary Team

(1) Naval Hospital will prepared to accept mass
casualties, and to establish a temporary morgue for the
collection, identification, and disposition of all the dead.

(2) Muster site is the Naval Hospital.

c. Hazardous Materials Spill or Release. The Naval Hospital
will provide a Field First Aid Team at the incident site if
requested by Center Fire.

d. Civil Defense Plan. Naval Hospital will be prepared to
provide ambulances and medical support when requested by the CG,
MCAGCC to support civil disturbance missions.

e. Conventional Munitions Transportation Incident. Naval
Hospital will provide a Field First Aid Team at the incident site
and identify symptoms and effects of any toxins if requested by
Center Fire.

f. Aircraft Mishap. Naval Hospital will provide medical
personnel to accompany rescue helicopters if requested.

APPENDIX A
DISASTER INFORMATION SHEET

Drill: { } yes { } no

Date: _____ Time: _____

Notified by: _____

Situation / Time of Occurrence / Location: _____

Number of Expected Casualties: _____

Type and Severity of Casualties: _____

Notified Command Duty Officer at _____.

Notified Commanding Officer at _____.

Notified Executive Officer at _____.

Notified Disaster Preparedness Officer at _____.

Initiated Mass Casualty Plan at _____.

Initiated Disaster Recall Plan at _____.

Notified 23rd Dental Company of DPP activation at _____.

Number of available inpatient beds: _____.

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APPENDIX B

Mass Casualty Patient Flow Chart

Triage Receiving Area
(Emergency Department Ambulance Entrance)

0
0
0

Minor Patients
(FPC Lobby)
(GYN/Ortho Lobby)

0
0
0
0

Treatment

0
0
0
0
0

Discharge

Immediate Patients
(Emergency Dept.)

0
0
0
0

Treatment

0
0
0
0
0

Operating Room

or

To Ward

or
Transfer to
Other Facility

Delayed Patients
(Ward or Recovery Room)

0
0
0
0

Treatment

0
0
0
0
0

Operating Room

or

To Ward

or
Transfer to
Other Facility

Expectant Patients
(Occupational Therapy Area)

0
0
0
0

Supportive Care

0
0
0
0
0

Re-Triage

or

To Morgue

APPENDIX C

DISASTER PATIENT TRACKING LOG

Date: _____ Patient Tracker Name: _____

Triage Zone (circle): Receiving, Minor, Immediate, Delayed, Expectant, Command Center

[illegible]

-
- Instructions:
1. Complete information columns before sending the patient to another area.
 2. Notify the Command Center Patient Tracker by radio or phone whenever a patient is admitted to your area or transferred to another area.
 3. Keep all copies of the patient tracking log and turn in to the command center at the conclusion of the disaster.

APPENDIX D

RADIO NETS AND FUNCTION

<u>NET</u>	<u>Use/Function</u>
EOC Command Net.....	This net is to be used primarily for commands to pass information to the EOC on the status of their personnel and facilities and for the EOC to direct commands to dispatch support personnel and equipment to the disaster site.
Hospital Command Net.....	This net is for coordination/direction between the hospital and the Forward First Aid Teams or the Field Aid Station.
EOC Coordination Net..... (Commercial)	Communication between PMO, Fire Department, Naval Hospital, and other emergency services.
EOC / Mobile Command Post.....	This net is the communications link between the EOC and the Mobile CP. The radios utilized may be VHF (commercial), VHF (military) or HF as the situation dictates.
MCAGCC Air Coordination Net.....	This is the communication link between the rescue team(s) and BEARMAT for Emergency Medevacs. This net will be UHF only.
BEARMAT.....	This is the Combat Center's Safety Net. It is operated 24 hours a day, 7 days a week. This net will be used as a safety precaution during field and/or mainside Medevacs. BEARMAT has the capability to guard VHF/UHF/HF frequencies if needed. BEARMAT will be the controlling authority for all Helo Medevacs.
Hi-Desert Med Net.....	Coordination between the Naval Hospital and High Desert Medical Center.

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Individual Command Nets.....Each major command will establish communications with its subordinate units utilizing organic assets i.e., radio or messenger. Frequencies will be coordinated with the C&D Directorate's Frequency Manager. Commands may establish other means of communications as the situation dictates.

Morongo Basin Sheriff.....This net will be used by PMO, (& Mobile Command Net) Fire Department, and the Naval Hospital depending on the scale/ location of the emergency.

Races Net.....Local Ham Radio Volunteers may be used as available. POC. Jim Kornegay at ext 6722.

APPENDIX E
COMBAT CENTER FREQUENCIES

1. Primary emergency frequency will be 139.475 (Base secondary, Channel 2). While all units will monitor the channel, only the Naval Hospital, Center Fire, PMO, and the Director, O&T, will use that frequency.

2. During emergency response operations the following frequencies will be used:

a. LOW BAND

- (1) 140.255.....Commanding General
- (2) 139.475.....Base Secondary
- (3) 140.925 / 149.475.....Base Repeater
- (4) 138.675.....PMO TAC ONE
- (6) 138.975.....Naval Hospital
- (7) 140.025.....Center Fire (Primary)
- (8) 138.850.....Facilities Maintenance #1
- (9) 138.525.....Facilities Maintenance #2
- (10) 140.125.....Base Comm.; Center Phone
- (11) 140.100.....EAF/Crash Crew

b. HIGH BAND

- (1) 154.340.....H.E.A.R. Network (Hospital)
- (2) 155.400.....S.B. County MedNet
- (3) 155.970.....Morongo Basin Sheriff #1
- (4) 154.070.....Desert Yellow
- (5) 154.280.....State White
- (6) 154.325.....S.B. County Red
- (7) 154.....Morongo Basin Sheriff #2

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- (8) 155.205.....Joshua Tree Ambulance
- (9) 151.325.....S.B. Local East (Forestry)

APPENDIX F
BOMB THREAT CALL CHECKLIST

QUESTIONS TO ASK:

EXACT WORDING OF THE THREAT:

1. When is the bomb going to explode? _____ 2. Where is it right now? _____ 3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____ 7. Why? _____
8. What is your address? _____
9. What is your name? _____

Sex of caller _____ Age _____ Race _____ Length of call _____ CALLER'S VOICE:

_____ Calm	_____ Laughing	_____ Lisp	_____ Disguised
_____ Angry	_____ Crying	_____ Raspy	_____ Accent
_____ Excited	_____ Normal	_____ Deep	_____ Familiar
_____ Slow	_____ Distinct	_____ Ragged	_____ If voice is
_____ Rapid	_____ Slurred	_____ Clearing throat	_____ familiar, who
_____ Soft	_____ Nasal	_____ Deep breathing	_____ did it sound
_____ Loud	_____ Stutter	_____ Cracking voice	_____ like?

BACKGROUND SOUNDS:

_____ Street noises	_____ House Noises	_____ Factory machinery
_____ Motor	_____ Long distance	_____ Voices
_____ Local	_____ Ps system	_____ Office machinery
_____ Animal noises	_____ Music	_____ Static
_____ Clear	_____	_____ Other

THREAT LANGUAGE:

_____ Well spoken	_____ Foul	_____ Incoherent
_____ (educated)	_____ Irrational	_____ Taped
_____	_____ Message read by threat maker	

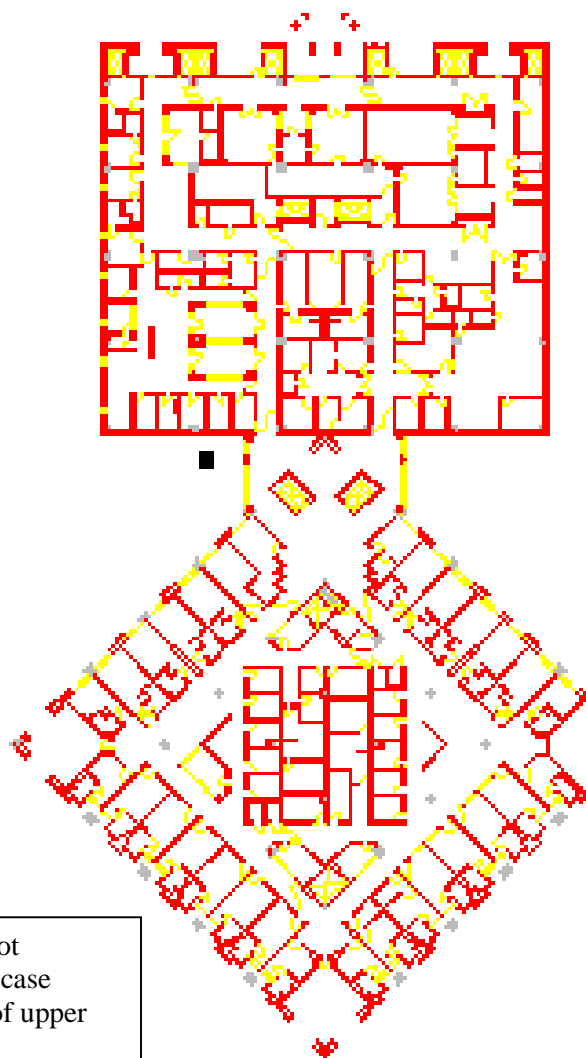
REMARKS:

Report call immediately to the SECURITY OFFICER (at extension 2189 or 2872) or the OFFICER OF THE Day (at extension 2872)

Fill out completely, immediately after bomb threat.

Date ____/____/____ Phone number _____
Name _____ Position _____

ORIGINAL FIRE ZONE MAPS KEPT IN ROOM B 020

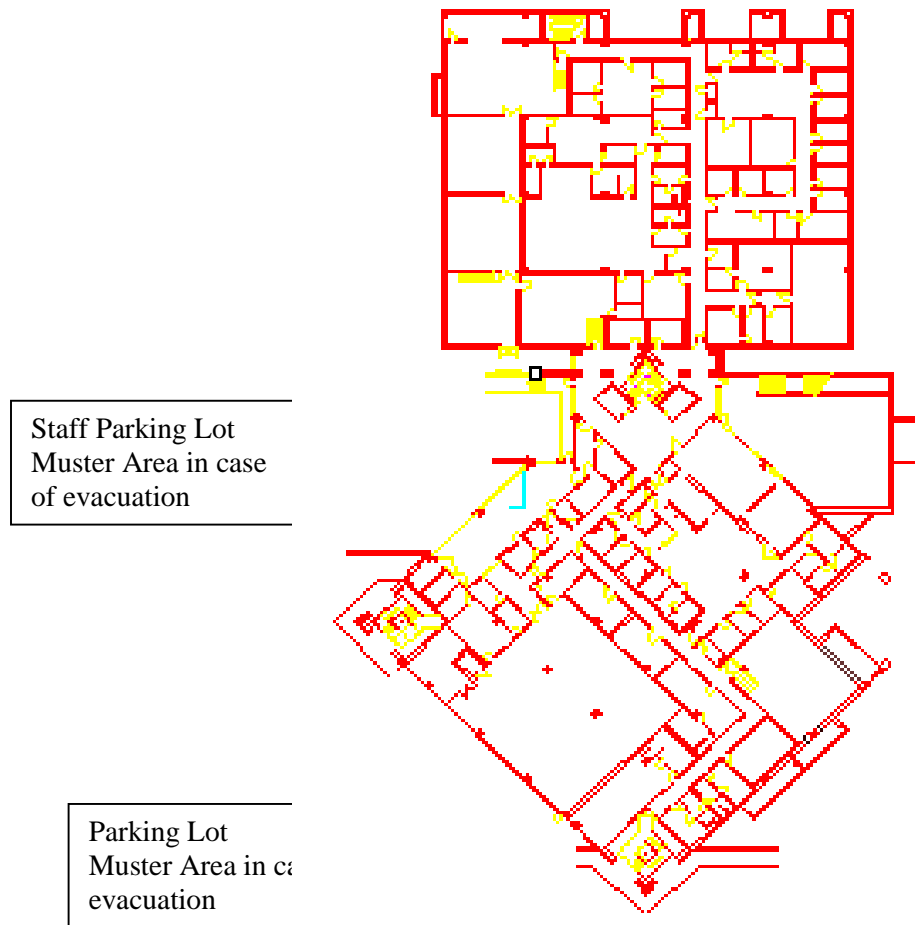


Staff Parking Lot
Muster Area in case
Of evacuation of upper
level

UPPER LEVEL COMPOSITE PLAN

ORIGINAL FIRE ZONE MAPS KEPT IN ROOM B 020

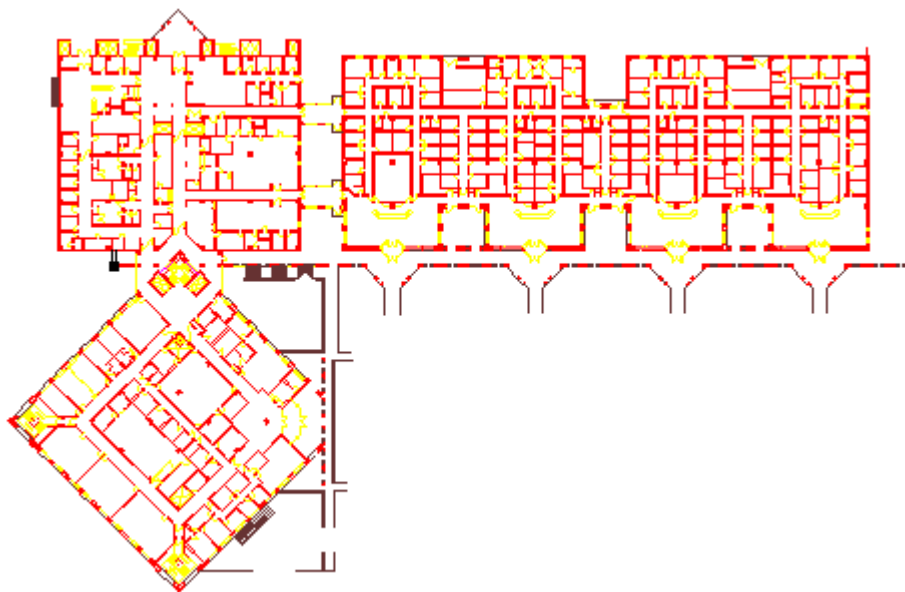
Muster Area in case of Evacuation



LOWER LEVEL COMPOSITE PLAN

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ORIGINAL ZONE MAPS KEPT IN ROOM B020



Staff Parking Lot
Muster Area in case
Of evacuation

MUSTER AREA FOR CLINICS IN CASE OF EVACUATION

Appendix G
to Enclosure (1)